PTD/SB/17 (10-08)
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Under the Paperwork Reducti	on Act of 199	5, no person are r	equired to	respond to a collecti				3 control number
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009				Complete if Known				
				Application Number		10/829,154-Conf. #5733		
						April 22, 2004		
						Takashi AKETA		
FOI F 1 2003				Examiner Name J. R. Fische				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1791					
TOTAL AMOUNT OF PAYMENT		(\$) 940.00		Attorney Docket No.		0171-1087PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
X Charge any additional fee(s) or underpayments of [x] Credit any overpayments [x] Credit any overpayments								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
		3 FEES	SE.	ARCH FEES	EXAMI	NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos I	Paid (\$)
Utility	330	165	540	270	220	110	1,838.1	
Design	220	110	100	50	140	70	***************************************	
Plant	220	110	330	165	170	85		***************************************
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0.0	0	***************************************	
2. EXCESS CLAIM FEES	220	110	U	•	•	,		Small Entity
Fee Description							Fee (S)	Fee (\$)
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims 390 195								
Total Claims Extra Claims Fee (\$) Fe				ee Paid (\$)	N	luitipie Depend	ont Claims	
10 - 40 = x = x =				***************************************	Es	n (\$) .	ee Paid (S	i)
1 '	s paid for, if gr Claims	eater than 20. Fee (\$)	ε.	se Paid (\$)	*********			
1 .6 ×	X	* T C C (8)		56 T 41G (5)				
HP + highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
seeds of fraction mercol. See 35 U.S.C. 41(a)(1)(d) and 57 C.F.C 1.10(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (S) Fee Paid (S)								
- 100 s /50 = (round up to a whole number) x ==								
4. OTHER FEE(S) Fees Paid (S)								
Non-limitish Specification \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00								
1251 Extension for response within first month 130.00								
SUBMITTED BY //								
Signature	no	A		Registration No (Attorney/Agent)	28,977	Telephone	(703) 20:	5-8000
Name (Print/Type) Get ald M. N	Auroby Ar	†) 		Name (Street Street)		Date JUN	-42	009
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